

PRINTED: 12/10/2015  
FORM APPROVED

## Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  HAL066011	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01  B. WING: _____		(X3) DATE SURVEY COMPLETED  R-C 11/19/2015
NAME OF PROVIDER OR SUPPLIER  RICH SQUARE MANOR		STREET ADDRESS, CITY, STATE, ZIP CODE 400 N MAIN STREET RICH SQUARE, NC 27860			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE	
(C 000)	Initial Comments  This is a Report of a Complaint Follow-up performed by Greg Cates and Frank Strickland on November 19, 2015.  Some of the previously cited deficiencies have not been corrected therefore further action is required.	(C 000)			
(C 160)	Outside Premises-Clean, Safe  SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0305 PHYSICAL ENVIRONMENT (m) The requirements for outside premises are: (1) The outside grounds of new and existing facilities shall be maintained in a clean and safe condition;  This Rule is not met as evidenced by: 1. Based on observation the exterior of the facility is not maintained in good repair. Exterior construction is damaged and in need of repair.  A. Finding on November 19, 2015:  2. Outside the Dining Area - A support post for the fence is failing causing the fence to lean over.	(C 160)	The support post has been repaired	10/20/2015	
(C 164)	Housekeeping and Furnishings-Clean, Repaired  SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0305 HOUSEKEEPING AND FURNISHINGS (a) Adult care homes shall: (1) have walls, ceilings, and floors or floor coverings kept clean and in good repair;	(C 164)			

Division of Health Service Regulation  
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

STATE FORM

9999

Q90V23

Executive Director

12/23/2015

If continuation sheet 1 of 3



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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>HA096011</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: <b>01</b>  B. WING: _____	(X3) DATE SURVEY COMPLETED  <b>R-C</b> <b>11/19/2015</b>
NAME OF PROVIDER OR SUPPLIER  <b>RICH SQUARE MANOR</b>		STREET ADDRESS, CITY, STATE, ZIP CODE <b>400 N MAIN STREET</b> <b>RICH SQUARE, NC 27869</b>		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
(C 164)	Continued From page 2	(C 164)		
	7. Community Bath Adjacent to Room #8 b. The ceiling is damaged above the water closet stall.		The ceiling has been repaired	10/25/2015
	8. Living Area a. The carpet is stained.		The carpet has been replaced	10/25/2015
	9. Primary Care Manager's Office a. The flooring wall base is missing at the cabinet and another section of the base is detaching from the wall.		The flooring wall base has been installed	10/25/2015
	11. Nurses' Station Med Closet a. The wall at the sink has damage caused by the removal of a wall mounted fixture. b. The ceiling is stained at the HVAC register.		The wall at the sink has been repaired	10/25/2015
			The ceiling has been repaired	10/20/2015
	12. Staff Lounge b. The ceiling is stained around the supply air register.		The ceiling has been repaired	10/20/2015
	13. Dining Room - The walls and doors are marred and scuffed.		The walls and doors have been cleaned and painted	10/20/2015